

Form **37-S** **North Dakota Individual Income Tax Return** **1997**
(Short Form)

For the year January 1 to December 31, 1997, or other taxable year beginning _____, 1997, and ending _____, 19 ____.

NOTE: If information on label is not correct, please make corrections on label.	Your first name and initial _____ Last name _____		Your Social Security Number _____	
	If joint return, spouse's first name and initial _____ Last name _____		Spouse's Social Security Number _____	
	Mailing address _____ Apt. No: _____		(PH) Daytime Phone _____	
	City, town or post office, State and Zip Code _____ PLACE LABEL WITHIN BLOCK		Were you required to pay estimated income tax to IRS for 1997? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Filing Status - 1. <input type="checkbox"/> Single 3. <input type="checkbox"/> Married filing separately - Enter your spouse's name _____ 4. <input type="checkbox"/> Head of Household (Check only one) 2. <input type="checkbox"/> Married filing joint 5. <input type="checkbox"/> Surviving spouse with dependent child				
Filing Category - 1. <input type="checkbox"/> Resident Note: If you moved into or out of North Dakota during 1997, see page 4 for instructions on which box to check. Check either of these boxes Only If It Applies To You - See page 3 of instructions: (Check only one) 2. <input type="checkbox"/> Nonresident <input type="checkbox"/> Amended return School District - Enter number _____ Income Source Code - Enter number _____ <input type="checkbox"/> Extension form attached from list on page 12 of instructions from list on page 4 of instructions				

A Complete Copy Of Your Federal Return Must Be Attached

A. Federal adjusted gross income (from Line 32, Form 1040 or Line 16, Form 1040A or Line 4, Form 1040EZ or line H, TeleFile Worksheet) (SX)		A			Form 37-S
B. Federal taxable income (from Line 38, Form 1040 or Line 22, Form 1040A or Line 6, Form 1040EZ or line J, TeleFile Worksheet) (SS)		B			
1. Federal income tax liability — see instructions for amount to enter on this line (SV) 1					
➤ If you don't need lines 3, 4 and 5, enter amount from Line 1 on Line 9, then go to Line 10.					
2. Federal adjusted gross income (From Line A above) (SH)					2
3. Interest on U.S. obligations (Residents only) (SN)					3
4. Nonresidents Only: (Attach Schedule NR) (SA)					4
5. Other (See instructions) Identify ➤ (ST)					5
6. Total (Add Lines 3, 4, and 5) (S)					6
7. North Dakota adjusted gross income (Line 2 less Line 6) (SC)					7
8. Line 7 divided by Line 2 (Round to nearest whole percentage) %					8
9. Adjusted federal income tax liability (Line 1 multiplied by percentage on Line 8) (SI)					9
10. North Dakota income tax [Line 9 multiplied by .14 (14%)] (SB)					10
11. Credit for income tax paid to another state (Attach Schedule 4) (SD)					11
12. Family member care credit (Attach Schedule FC) (S2)					12
13. Total credits (Add Lines 11 and 12) (S)					13
14. NET TAX LIABILITY (Line 10 less Line 13. If less than zero, enter -0-) (CF) (SE)					14
15. North Dakota income tax withheld (Attach supporting W-2s and 1099s) (SF)					15
16. 1997 estimated tax payments and amount applied from 1996 return (S&)					16
17. Total payments (Line 15 plus Line 16) (S)					17
If Line 17 Is Greater Than Line 14, Complete Lines 18 Through 22. If Line 17 Is Less Than Line 14, Complete Lines 23 Through 26.					
18. OVERPAYMENT (Line 17 less Line 14) If less than \$5, enter zero (SG)					18
19. Amount of Line 18 you wish to apply to 1998 estimated tax (SQ)					19
20. Amount of Line 18 you wish to contribute to Nongame Wildlife Fund (SP)					20
21. Amount of Line 18 you wish to contribute to Centennial Tree Trust Fund (SW)					21
22. REFUND (Line 18 less Lines 19, 20, and 21) If less than \$5, enter zero (SR)					22
23. TAX DUE (Line 14 less Line 17) If less than \$5, enter zero (SZ)					23
24. Voluntary contribution to Nongame Wildlife Fund (Only if tax due on Line 23) (SU)					24
25. Voluntary contribution to Centennial Tree Trust Fund (Only if tax due on Line 23) (SY)					25
26. BALANCE DUE (Line 23 plus Lines 24, 25 and, if applicable, 27) Pay to STATE TAX COMMISSIONER (ST)					26
27. Total interest from Form 400-UT (See instructions) (SO)					27

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. **For Privacy Act Information, see inside front cover of instruction booklet.**

_____ Your Signature	_____ Date
_____ Spouse's Signature (if joint return)	_____ Date
_____ Signature of Preparer other than Taxpayer	_____ Date

☐ OPR

PLEASE DO NOT WRITE IN THIS SPACE

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